

Statement of Full Compliance

I, _			, declare that:			
		,	our Full Nai	me)		
1.	I am the	authorized re	epresentative		e dispensing facility, w	
	and which	ch has the AQ	MD Facilit			
2.	The above referenced facility has been retrofitted with a Phase II Enhanced Vapor Recovery (P-II EVR) system equipped with, if required, ISD that is certified by the California Air Resources Board (CARB);					
3.	On (date), all tests as required by the CARB issued Executive Order under which the system is certified have been conducted, and the test results demonstrate the system has been properly installed.					
4.	This facility has achieved full compliance with the P-II EVR, and if applicable ISD requirement as required under California state laws, South Coast Air Quality Management District Rules 203(b) and Rule 461(c)(2), and the AQMD Hearing Board Stipulated Order for Abatement (if one has been issued against this facility).					
		nder penalty true and corr	1 0	under the laws	s of the State of Cali	fornia that the
	Exec	cuted on		, 2009 at		, CA
			(date)		(insert city)	
Sig	gnature: _					
Na	me:					
Wh	nen comple	eted, submit th	is notification	n to:		
Pre	eferred: e-mail address: evrstipulatedoa@aqmd.gov Facsimile No.: (909) 396-3791					
Ма	iling Addre	ess: District Pr	osecutors Of	fice, EVR Phase	II, South Coast Air Quali	ty Management

District, 21865 Copley Dr, Diamond Bar, CA 91765-9819